

OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

Complete this form ONLY if your accident is reportable under Oregon Law. The accident is reportable if it happened on a highway of premises open to the public, and resulted in any of the following: 1) More than \$1000 in damage to any one person's property; 2) Injury to any person (no matter how minor the injury); or, 3) the death of any person. (PLEASE PRINT)

ACCIDENT DATE	DAY OF WEEK	TIME OF DAY		COUNTY								
ACCIDENT DATE	M T W TH F	TIME OF DAT	AM	COUNTY		DO HOT	WDITE	Accident				
	S SN		PM		Name and Address of	DO NOT		Number —	14	900 1 1		
FOAD ON WHICH ACCID	ENT OCCURRED	Name of street,	road or re	oute)	MILE POST	IN THIS	SPACE	Accident Typ	e Code	(Circle C	ne)	
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TYPE OF ACCIDENT	- The accident	Fatality	r more o		Marie Marie		Train		□Ar	nimal		
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☐ More than two vehi	icles	Bicycle			Motorcycle							
		Pedestriar	n .				Overturn	CONTRACTOR OF THE PARTY OF THE		Service of		Annual Control
Were you cover	red by liabi	lity insuran	ce at t	he time of	the accider	nt? YE					mplete ALL of	
your accident will be	considered un	insured and yo	ur drivir	ig privileges m	nay be suspend	led. You must lis	t the insura	ince company th	at provid	ed liabilit	y coverage fo	r the vehicle
you were driving. Di	MV will verify th	is information v	with the i	nsurance com	pany. If the ins	surance company	denies the	coverage, DMV	will suspe	nd your	Oregon drivin	g privileges.
DRIVER'S NAME (LAST	, FIRST, MIDDLE		1			DRIVER'S LICENS	E NUMBER		STATE	DATE O	FBIRTH	SEX
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INSURANCE COMPAN	Y NAME (NOT A	GENT) AND ADDI	RESS			CITY			STATE	ZIP COD	E	
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Was your ve	hicle's dam	nage: m	ore th	an \$1000	or S10	000 or less?						
Did the accide	ent occur wh	nile vou were	e drivin	a vour emp	lover's vehi	cle?					YES	NO
Were you driv	sing on your	ish and heir	na naio	for the prin	ncinal numa	ee of driving	- 00000	ion of the s	altro-	W. 100	YES	NO
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